

Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

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| Name of designated centre: | St. Vincent's Residential Services Group R |
| Name of provider: | Avista CLG |
| Address of centre: | Limerick |
| Type of inspection: | Announced |
| Date of inspection: | 10 March 2026 |
| Centre ID: | OSV-0007791 |
| Fieldwork ID: | MON-0041340 |

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

St. Vincent's Residential Services Group R is a detached bungalow located on the outskirts of a city that can provide full time residential care for four residents of both genders over the age of 18 with intellectual disabilities. Each resident has their own bedroom and other rooms in the centre include a kitchen, a dining room, two living rooms and bathrooms and a garage. Residents are supported by the person in charge, social care workers, care staff and household staff.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 4 |
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|-----------------------|----------------------|--------------|------|
| Tuesday 10 March 2026 | 10:00hrs to 16:30hrs | Lisa Redmond | Lead |

What residents told us and what inspectors observed

This was an announced inspection completed in St. Vincent's Residential Services Group R. This designated centre was registered to provide full-time residential services to a total of four adult residents. This inspection was completed to make a decision regarding the registered provider's application to renew the registration of the centre for a further three year cycle.

Overall, it was evident by the high levels of regulatory compliance that residents received a good level of care and support in their home. Residents lived in a nice home where they received care from a kind and respectful team of staff. However, improvements were required to ensure that residents were supported to engage in activities in line with their interests and their goals, and that health care supports were documented accurately.

The inspector met with each of the four residents living in the centre on the inspection day. Three of the residents living in the designated centre had moved from a campus-based setting to their home in the community in 2020, while one resident had moved to this centre in 2025. At all times residents were observed to be relaxed as they interacted with staff and each other in their home. One resident told the inspector that they liked the 'peace and quiet' in their home and that they were safe as there was 'nobody hitting me', which was something they had experienced in another living environment.

Two of the residents communicated using gestures, facial expressions and body language, while two residents were verbal communicators. One of the residents held the inspector by the hand and led them towards the front door of their home. Staff spoken with noted this was how the resident communicated that they would like to go for a drive. Although staff did support this resident to go out for a drive on two occasions throughout the day, two residents were observed spending long periods of time watching television and walking through the corridor of their home by the front door. This observation had been noted in the annual review of the centre and as a result, there were plans for these two residents to receive additional support at home each day for activation and to engage in community activities. A staff member was due to commence this role the week after the inspection took place.

One resident was observed to be sitting in an armchair which was assessed to meet their individual needs. In their bedroom, a second bespoke chair was located beside their bed which could also be used to support the evacuation of the resident in the event of an emergency. They were observed using musical items throughout the inspection day which was recorded as something they enjoyed in their personal plan. The resident was smiling as they used these items.

One resident owned their family home and they told the inspector that staff regularly supported them to stay there. It was evident that they enjoyed this as they

spoke about being able to sleep in their own bed while there. They were planning on visiting their family home the weekend that the inspection took place. Two of the residents were described as 'great friends' as each of the residents spoke about their friendship with the inspector. Staff spoken with told the inspector they were going to ask the resident if they would like their friend and housemate to accompany them home at the weekend.

It was evident that residents were supported to make choices about their daily lives, and their care and support. One resident told the inspector that they choose the time they would like to get up each morning. When they decided to get up they were supported to have a shower using toiletries of their choosing.

Four questionnaires had been completed by residents and their representatives about the care and support they received in their home as part of the inspection. The feedback was positive and noted residents were supported to visit family, and to have family visit them. One resident stated they loved their bedroom, and living with their best friend.

Overall, the findings of this inspection indicated that residents were provided with a safe level of service and that they had a good quality of life in their home. Where improvements were required, these were known by the registered provider and actions had been put in place to improve the quality of care and support residents received in their home. The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Capacity and capability

This inspection identified that the designated centre continued to evidence a high level of compliance with the regulations. This had a positive impact on the quality of care and support provided to residents in their home. Minor areas of improvement identified at the previous inspection of the centre had been addressed by the registered provider. This included updates to residents' contracts of care and the removal of residents' personal identifiable information from communal spaces. This evidenced that the oversight and management of the designated centre ensured residents were safe, and it was consistently and effectively monitored.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured that a full application to renew the registration of the designated centre had been completed in a timely manner. This included the submission of prescribed information and the payment of the required fee.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a person in charge in the designated centre. The person in charge commenced this role in December 2025 following the departure of the previous person in charge. This person worked full-time and it was evident from a review of documentation that they held the necessary skills, qualifications and experience to carry out the role.

The registered provider had appointed the person in charge to the role on an interim basis until a new person in charge was recruited. Recruitment was in progress at the time of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training as part of a continuous professional development programme. The inspector reviewed the training records of nine staff and found that all staff had been supported to receive the following training;

- Fire safety
- Management of behaviour that is challenging
- Safeguarding
- Manual Handling
- Children's First.

The inspector also reviewed the supervision records for nine staff members and it was evident that seven staff members had received two supervision meetings in the previous 12 months. Two staff began working in the centre in January 2026 and had a supervision scheduled in April 2026 following an induction into the designated centre.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had a valid contract of insurance against injury to residents living in the designated centre. This insurance policy was submitted as part of the registered provider's application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

Management systems in place in the designated centre ensured that the service provided to residents was safe, appropriate to residents' needs and effectively monitored. A clear governance structure was in place, as outlined in the centre's statement of purpose.

Auditing was carried out by the person in charge and the staff team to ensure effective oversight and monitoring in the designated centre. This included;

- Medicines audits
- Health and safety audit
- Safeguarding audit
- Mealtime audit
- Person centred planning audits
- Six monthly unannounced visits.

In addition, an annual review of the service provided to residents had been completed in October 2025. This review was comprehensive in nature, and it identified actions and areas for quality improvement.

Staff team meetings were held on a regular basis. The inspector reviewed records of the four team meetings completed from February 2026 to October 2025. These meetings included a review of accidents and incidents that had occurred in the centre, safeguarding and person centred planning. The most recent record noted that recruitment was ongoing for an occupational therapist and behaviour support specialist to provide additional multi-disciplinary support to residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured that each resident had an agreement in writing which outlined the care and support they received in their home. The inspector

review the contracts in place for two residents who received full-time residential support in their home. It was noted that these contracts included the information required, including the fee to be charged.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was submitted as part of the centre's application to renew the registration of the centre. This was reviewed as part of the inspection and it was noted that it outlined the specific care and support needs for residents living in St. Vincent's Residential Services Group R.

Judgment: Compliant

Regulation 31: Notification of incidents

The registered provider had ensured that the Chief Inspector had been provided with notice in writing within three days of adverse incidents occurring in the centre, as outlined under this regulation. The inspector reviewed the centre's incident report records from 13 January 2026 to 04 November 2025. This review noted that the incidents recorded had been notified as required.

Judgment: Compliant

Quality and safety

It was evident that the residents living in St. Vincent's Residential Service Group R were provided with a good quality service in their home. Residents told the inspector they felt safe. There were no open safeguarding plans in the designated centre at the time of the inspection.

Throughout the inspection day, the inspector observed that residents appeared comfortable, content and happy living in their home. Residents were supported to receive visitors, and to visit their family and friends if they wished. The registered provider had identified that two residents required additional staffing resources to support them to engage in their local community and there were plans to address this after the inspection had taken place. Documentation to record the health needs

of one resident also required review. However, overall a high level of compliance was identified on the inspection day.

Regulation 11: Visits

It was evident that residents were supported and facilitated to have visitors if they wished. A visitors log was available in the centre, and the inspector was requested to sign this on arrival to the residents' home. It was observed that residents' family had visited from reviews of the visitor's log and discussions with residents and staff. There was also evidence that auditors and management had signed the visitor's log when they attended the centre. It was also observed that there was sufficient communal and private space for residents to spend time with family and friends when they visit.

Judgment: Compliant

Regulation 13: General welfare and development

One resident had been supported to purchase their own vehicle which was used solely for their personal use. Three residents then shared a second vehicle to access their local community. It was evident that two of the residents accessed their local community on a regular basis. One resident regularly went swimming and for complimentary therapies. A second resident who enjoyed music was supported to go to music concerts and to see live music and have a pint in the local pub.

As noted earlier in the report, the community activation for two residents had been identified as requiring improvement by the registered provider. It was also evident on the inspection day that the goals and documentation of progress with residents' goals required review. For example, one resident's plan noted that they were an active animal advocate. However, there was no evidence of them engaging in activities with animals since September 2025. It was also noted that the documented frequency of engagement with their local community was low. For example, one resident's goal was to develop their role as a social butterfly. To complete this they were supported to go for coffee in a local coffee shop once a month. The inspector completed a review of their record of social activities for 2026 and found that they had left the centre to engage in community activities on nine occasions in a 12 week period. Staff noted that this would improve when the dedicated day staff for two residents started their role the week after the inspection took place.

Judgment: Substantially compliant

Regulation 17: Premises

The registered provider had ensured the premises of the designated centre was designed and laid out to meet the assessed needs of residents. The residents' home had four resident bedrooms, a staff sleepover room, office, kitchen, dining room and sitting room. Residents' bedrooms were spacious to ensure mobility aids including wheelchairs had sufficient space to meet the assessed needs of each resident. Accessibility was provided with handrails observed throughout the centre to support residents' mobility. It was observed to be clean, with household cleaning staff observed cleaning the centre throughout the inspection day. It was also decorated with photographs of residents, their friends and family.

The premises of the residents' home was kept in a good state of repair both internally and externally. A new kitchen had been installed since the previous inspection and the flooring in the kitchen had been replaced. There were plans to continue to upgrade areas of the residents' home with new flooring. A new septic tank was also due to be installed a couple of weeks after this inspection took place.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide for residents in respect to the designated centre. This guide included the information required under this regulation to include a summary of the services and facilities provided, the terms and conditions relating to residency and the arrangements for visits.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

One resident had moved into the centre in 2025, having previously lived elsewhere in the provider's organisation. The resident told the inspector that they were very happy living in their new home. Although this was an urgent transfer completed due to a changing health need, it was evident from a review of the documentation relating to their transition that compatibility of residents had been considered to ensure the resident's new home was a suitable location. It was noted that they had developed a close friendship with one of their housemates, and they told the inspector that they were great friends. The transition plan also included a comprehensive assessment of their health care needs.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the personal files of two of the residents living in the designated centre. Each resident had been supported to have a comprehensive assessment of their health, personal and social care needs. Multi-disciplinary supports were provided by a team of allied health and social care professionals. This included physiotherapists, dieticians, speech and language therapists and occupational therapists. Residents were provided with direct care and support in their home by a team of nurses and health-care assistants.

Residents were supported to develop goals. However, goals relating to access to the local community in line with residents' likes and interests required improvement. This is discussed under Regulation 13, general welfare and development.

Judgment: Compliant

Regulation 6: Health care

Healthcare plans were developed to support the healthcare needs of residents. Emergency treatment was required for one resident due to a known healthcare need. It was evident from a review of the incident report that the resident was provided with first aid and transitioned to hospital in line with their support plan. The resident had recovered well following their hospital admission.

One resident's continence plan stated that staff should record toileting to meet their assessed needs. A review of the bowel charts for the resident in 2026 noted gaps in the documentation. For example, there was a period of 19 days where this had not been recorded. Although staff on duty identified that this was a documentation issue, it was noted that this required review as the resident had been admitted to hospital in 2025 due to their assessed needs regarding continence. Therefore regular and effective monitoring of their care need was required, in line with their healthcare plan.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

| Regulation Title | Judgment |
|--|-------------------------|
| Capacity and capability | |
| Registration Regulation 5: Application for registration or renewal of registration | Compliant |
| Regulation 14: Persons in charge | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Admissions and contract for the provision of services | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 13: General welfare and development | Substantially compliant |
| Regulation 17: Premises | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 25: Temporary absence, transition and discharge of residents | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Substantially compliant |

Compliance Plan for St. Vincent's Residential Services Group R OSV-0007791

Inspection ID: MON-0041340

Date of inspection: 10/03/2026

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

| Regulation Heading | Judgment |
|--|-------------------------|
| Regulation 13: General welfare and development | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 13: General welfare and development: The day services staff has now commenced in the designated centre and is supporting the resident to increase their community activation which is being tracked.] | |
| Regulation 6: Health care | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 6: Health care: The resident's bowel chart is now updated daily to ensure information is accurate and in line with their healthcare plan.] | |

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|---------------------|---|-------------------------|-------------|--------------------------|
| Regulation 13(2)(b) | The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs. | Substantially Compliant | Yellow | 18/03/2026 |
| Regulation 06(1) | The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan. | Substantially Compliant | Yellow | 11/03/2026 |